AMENDMENT TRANSMITTAL LETTER					Docket No. NEB-183-CIP	
Application No.		Filing Date		Examiner	Art Uni	
10/800,946-Conf. #2242		March 15, 2004		D. M. Ramire	ez 1652	
oplicant(s): Jam						
vention: A Meth		ı a Fumctionali	y Active Chir	neric Type IIG Rest	riction Endonuclease	
	TO	THE COMMI	SSIONER F	OR PATENTS		
ransmitted here	with is an ame	ndment in the	above-identif	ied application.		
he fee has been	ı calculated an	d is transmitted	d as shown b	elow.		
			S AS AMEN	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	12	- 34 =		х	, B	
Independent Claims	1	- 5 =		x		
Multiple Depend	lent Claims (ch	eck if applicabl	e)			
Other fee (please specify): Extension for response within third month					525.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					525.00	
Large Entity				x Small Entity		
No additions	al fee is require	d for this amer	ndment.			
INO additions		count No. 1	14-0740 i	n the amount of \$	525.00	
× Please char	ge Deposit Acc	20dill 140		Traile difficult of \$\psi\$_		
X Please char				the filing fee is enc		
X Please char	ne amount of \$		to cover	_		
A check in the Payment by	ne amount of \$ credit card. For	orm PTO-2038	to cover	_	osed.	
A check in the Payment by  X The Director as described	ne amount of \$ credit card. For is hereby author is below.	orm PTO-2038	to cover	the filing fee is encl	osed.	
A check in the Payment by  The Director as described X Credit at	ne amount of \$ credit card. For is hereby auth d below. ny overpaymen	orm PTO-2038	to cover is attached.	the filing fee is encl	osed.	
A check in the Payment by The Director as described X Credit at X Charge a	ne amount of \$ credit card. For is hereby author discovered to below.  In overpayment any additional file to be the control of	orm PTO-2038	to cover is attached.	the filing fee is encl Deposit Account N fees required under 3	osed.	
A check in the Payment by  The Director as described   X Credit at   X Charge a	ne amount of \$ credit card. Fir is hereby auth d below. ny overpaymer any additional fil mpel, D.Phil./ ppel, D.Phil.	orm PTO-2038 norized to char nt. ing or applicatio	to cover is attached.	the filing fee is encl Deposit Account N fees required under 3	osed.  o14-0740  or CFR 1.16 and 1.17	
A check in the Payment by  X The Director as described  X Credit at  X Charge at  /Harriet M. Strin  Harriet M. Strin	ne amount of \$ credit card. Fi r is hereby auth d below. ny overpaymen any additional fil mpel, D.Phil./ npel, D.Phil. Reg. No.: 37,	orm PTO-2038 norized to char nt. ing or application	to cover is attached.	the filing fee is encl Deposit Account N fees required under 3	osed.  o14-0740  or CFR 1.16 and 1.17	